

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Garry R. WHYTE

Serial No.: Not yet assigned

Examiner: Not yet assigned

Filing Date: July 21, 2003

Group Art Unit: Not yet assigned

Title: CODE FOR OBJECT IDENTIFICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

This Information Disclosure Statement is submitted:

- ☒ under 37 CFR 1.97 (b); or
(Within three months of filing national application; or date of entry of International application;
or before mailing date of first office action on the merits; whichever occurs last)
- ☐ under 37 CFR 1.97 (c) together with either a:
☐ Statement under 37 CFR 1.97 (e), or
☐ a \$180 fee under 37 CFR 1.17 (p); or
(After mailing of first Office Action, but prior to Notice of Allowance or Final Office Action)
- ☐ under 37 CFR 1.97 (d) together with:
☐ Statement under 37 CFR 1.97 (e), and
☐ a \$180.00 fee set forth in 37 CFR 1.17 (p).
(Filed after final action or notice of allowance, whichever occurs first, but before payment of

the issue fee)

☒ Applicant(s) submit herewith Form PTO 1449- Information Disclosure Citation together with
copies of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s)
may be material to the examination of this application and for which there may be a duty to disclose in accordance
with 37 CFR 1.56.

It is requested that the information disclosed herein be made of record in this application.

Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A
duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

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PATENT APPLICATION

Atty. Docket No.: 4359-002
Applicant: Garry R. WHYTE
Filing Date: July 21, 2003

Serial No. Not yet assigned
Group: Not yet assigned

**INFORMATION DISCLOSURE CITATION
FORM PTO-1449 (Modified)****U.S. PATENT DOCUMENTS**

<u>Exam Init</u>	<u>Ref</u>	<u>Document Number</u>	<u>Issue Date</u>	<u>Name</u>	<u>Class</u>	<u>Sub Class</u>
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